Please type a plus sign (+) inside this box → ☐**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/674,025 (Unofficial)	
	Filing Date	09/29/2003	
	First Named Inventor	David Holiviers et al.	
	Group Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	8	Attorney Docket Number	1316N-001678

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal of Formal Drawings and Return Receipt Postcard
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

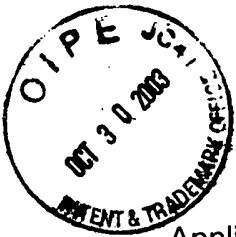
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael J. Schmidt	Reg. No. 34,007
Signature			
Date	Oct 27, 2003		

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Michael J. Schmidt		
Signature		Date	Oct 27, 2003



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/674,025 (Unofficial)

Filing Date: 09/29/2003

Applicant: David Holiviers et al.

Group Art Unit: Unknown

Examiner: Unknown

Title: ADJACENT BAFFLE DESIGN FOR SHOCK
ABSORBER

Attorney Docket: 1316N-001678

Director of The United States Patent and Trademark Office
P.O. Box 1450
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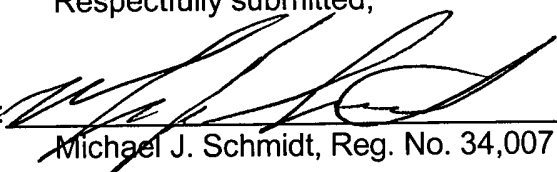
TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Enclosed for filing are five (5) "Replacement Sheets" including formal drawings (Figs. 1-6) for the above-identified patent application. Applicant respectfully requests that the enclosed FORMAL DRAWINGS replace the most recent drawings filed with the application.

Respectfully submitted,

Date: Oct 27, 2003

By: 
Michael J. Schmidt, Reg. No. 34,007

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